



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
(860) 713-2508

License # CM-

☐ NEW \$25.00
☐ RENEWAL \$25.00
☐ TRANSFER \$15.00
☐ LATE \$15.00

License
Expiration: 06/30/2005

CHEESE MANUFACTURER LICENSE APPLICATION

I/we hereby apply for a license to operate as a Cheese Producer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229, 22-230 and 22-236 of the Connecticut General Statutes. The licensee (owner) is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. The license period shall be from July 1st to June 30th following, inclusive. The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event that a license is granted, said applicant shall comply with all laws, orders, rulings, regulations or directives issued by the Commissioner of Agriculture. Check or money order, made payable to the "Commissioner of Agriculture," must accompany the application.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD and PAYMENT MUST BE RECEIVED ON OR BEFORE JULY 1ST TO AVOID A LATE PENALTY

NOTE: Licenses for New and Renewal applications cannot be processed if: required payment is not submitted with the application; the application is incomplete; and/or Federal Identification Number or Social Security Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission.

Please Print or Type

Federal
Employer
Identification Number: _____

Social
Security
Number: _____

NAME OF BUSINESS

TELEPHONE NUMBER

STREET ADDRESS

CITY / TOWN

STATE

ZIP CODE

MAILING ADDRESS (if different than business address)

Check One Box:

☐

SOLE PROPRIETOR / INDIVIDUAL OWNER

☐

PARTNERSHIP OR L.L.C.

☐

CORPORATION

NAME OF LICENSEE (Name individual Owner; Name of Partnership, Name of LLC; Name of Corporation)

NAMES OF PARTNERS; NAMES OF L.L.C. MEMBERS; NAMES OF CORPORATE OFFICERS

E-MAIL ADDRESS

Do you buy milk or cream directly from producers? ☐ Yes ☐ No

List the names of these producers: _____

Do you buy milk or cream from other dealers or cooperatives? ☐ Yes ☐ No

List the names of these dealers: _____

What drug-screening-test are you using to test for drugs/inhibitors in your products? _____

(Print Name of Applicant)

(Signature of Applicant)

(Title)

(Date)

AREA BELOW FOR OFFICE USE ONLY:

.pdf

Fee: Payment Received

Check or Money Order Number

Date Processed

Transmittal Number

LICENSE EXPIRATION

JUNE 30, 2005

CM-2 Rev 5/04